



EHR Integration Readiness Document

Completed forms must be submitted via email to mapmp.dph@State.MA.US

Commonwealth of Massachusetts, Department of Public Health,
Office of Prescription Monitoring and Drug Control Program,
239 Causeway Street, Boston, MA 02114
Telephone 617-753-7310 Fax 617-973-0985

Purpose

This document defines the measurable criteria to be assessed prior to MA PMP activating production credentials for a health care entity to connect to the PMP Gateway. The undersigned acknowledge that they have reviewed and completed the items under the Project Acceptance Criteria section, agree with the information presented within this document, and are ready to have their organizations' production credentials approved.

Please send all completed forms to MAPMP.DPH@State.MA.US with the subject of "[Organization Name] - EHR Testing".

Project Owners

Name	Role	Signature

Project Acceptance Criteria

Item	Complete?	Approved By
Reviewed Welcome Packet	<input type="checkbox"/>	
Able to connect to PMP Gateway	<input type="checkbox"/>	
Patient Request Successful	<input type="checkbox"/>	
Report Request Successful	<input type="checkbox"/>	
Able to view Prescription Report	<input type="checkbox"/>	
End users trained on proper usage and workflow	<input type="checkbox"/>	
All outstanding issues resolved	<input type="checkbox"/>	
Ready for Production Approval	<input type="checkbox"/>	

Proof of Testing

Please include a screenshot of a successful patient search as displayed within your system below.